

HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

PATENT APPLICATION

ATTORNEY DOCKET NO.	10011570-1

Inventor(s):

William D. Holland

Application No.: 10/700,956

Filing Date:

October 31, 2003

Confirmation No.: 5976

Examiner: Armando Rodriguez

Group Art Unit: 2625

Title: Laser Scanning Apparatuses, Laser Scanning Methods, and Article of Manufacture

Mail Stop Commissioner For Patents PO Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

smilled nerev	with is/are the following	in the abov	e-identiti	ed application:						
	e/Amendment as calculated below onal fee					×		on to ext emental		time to res laration
★ Other Return Receipt Postcards (2); A \$120.00 Check; Fee Transmittal						e\$				
	CLAIMS AS	AMENDE	D BY O	THER THAN A	SMA	ALL EI	YTITY			
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR		(5) PRESENT EXTRA		(6) RATE		(7) ADDITIONAL FEES	
TOTAL CLAIMS	45	MINUS	43		=	2	х	\$50	\$	·100
INDEP. CLAIMS		MINUS			=	0	х	\$200	\$. 0
☐ FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360								\$	0	
EXTENSION FEE	1st Month \$120	2nd Month \$450		3rd Month \$1020			4th Month \$1590		\$	0
OTHER FEES								\$		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							OMENT	\$	100	

Charge \$ 100 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit:

Typed Name:

Natalie King

Signature:

Rev 10/06a (TransAmd)

Respectfully submitted,

William D. Hølland

Βy

James D. Shaurette

Attorney/Agent for Applicant(s)

Reg No.:

4/12/07

Telephone: 509/624-4276

APR 1 6 2007 PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/700,956 TRANSMIT Filing Date October 31, 2003 For FY 2005 First Named Inventor William D. Holland' Examiner Name Armando Radriquez Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2828 TOTAL AMOUNT OF PAYMENT 120.00 10011570-1 (HE53-035) Attorney Docket No. METHOD OF PAYMENT (check all that apply) ✓ Check Credit Card Money Order None L Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims **Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Extension of Time (1 month) \$120.00 SUBMITTED BY

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 39,833

Telephone 509.624.4276

Date 4/207

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.